

STOCK NO. 64

PLACES: Sharon, Windsor, Vt.
ENTER ALL DATA IN THIS ORDER:
DATES: 14 Apr 1794
To indicate that a child is an ancestor of the person submitting the sheet, place an "X" behind the number pertaining to that child

FAMILY
GROUP
RECORD

HUSBAND
Born 25 June 1939 Place Heber City, Wasatch, Utah (at home)
Chr. _____ Place _____
Marr. 31 July 1964 Place Salt Lake City, S-Lake, Utah (S-Lake LDS Temple)
Died _____ Place _____
Bur. _____ Place _____
HUSBAND'S FATHER Alma Hicken DUKE
HUSBAND'S OTHER WIVES _____
HUSBAND'S MOTHER Carroll Violet SLAUGHTER

Husband **Earl Lawrence DUKE**
Wife **Connie LEAVITT**
Ward Examiners: 1. _____ 2. _____
Stake or Mission _____

HUSBAND'S FATHER Alma Hicken DUKE
HUSBAND'S MOTHER Carroll Violet SLAUGHTER

1939
NAME & ADDRESS OF PERSON SUBMITTING SHEET
RELATION OF ABOVE TO HUSBAND
RELATION OF ABOVE TO WIFE
FOUR GENERATION SHEETS FOR FILING ONLY
YES ☐ NO ☐
DATE SUBMITTED TO GENEALOGICAL SOCIETY

WIFE
Born 5 Apr 1940 Place Coalville, Summit, Utah
Chr. _____ Place _____
Died _____ Place _____
Bur. _____ Place _____
WIFE'S FATHER Dale James LEAVITT
WIFE'S OTHER HUSBANDS _____
WIFE'S MOTHER Mona GINES

Husband **Earl Lawrence DUKE**
Wife **Connie LEAVITT**
Ward Examiners: 1. _____ 2. _____
Stake or Mission _____

HUSBAND'S FATHER Alma Hicken DUKE
HUSBAND'S MOTHER Carroll Violet SLAUGHTER

LDS ORDINANCE DATA
BAPTIZED (Date) ENDOWED (Date) SEALED (Date and Temple)
HUSBAND 13 July 1947 SL 29 Sep 1959 SL 31 July 1964
WIFE 17 July 1948 SL 28 Apr 1961 SEALED (Date and Temple)
CHILDREN TO PARENTS

SEX M F	CHILDREN 1st each child (whether living or dead) in order of birth Given Names SURNAME	WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE TO WHOM	WHEN DIED		
		DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY		DAY	MONTH	YEAR
1 M	David Lawrence DUKE	1	July	1968	Salt Lake City	S-Lake	Utah	-----			
2 M	James Leavitt DUKE	18	Sept	1970	Tacoma	Prc	Wash	-----			
3 F	Jennifer DUKE	15	Feb	1972	Tacoma	Prc	Wash	-----			
4 F	Catherine DUKE	1	Jan	1977	Berlin		Grmny	-----			
5 F	Amy DUKE	12	Feb	1978	Logan	Cache	Utah	-----			
6	Elizabeth	22	Feb	1982	"	"	"	-----			
7								-----			
8								-----			
9								-----			
10								-----			
11								-----			

SOURCES OF INFORMATION
OTHER MARRIAGES
NECESSARY EXPLANATIONS

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PHYSICAL EXAMINATION OF DRIVERS

Date _____

Name (Please Print) DUKE (Last) Earl (First) Lawrence (Middle)

Present Address 325 East 5th North (Number) (Street) Heber (City) Utah (State)

528-48-9543 Birth June 25, 1939 (Soc. Sec. Acct. No.) (Month, Day, Year) Heber, Utah (Place) Age 24

HEALTH HISTORY

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Head or spinal injuries (severe)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Syphilis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Convulsions (fits, epilepsy)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gonorrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Suffering from incurable disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Encephalitis (sleeping sickness)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Permanent defect as result of disease or accident
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ever confined as chronic invalid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stomach ulcer			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rheumatic fever			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma			

Other illnesses or injuries none

PHYSICAL EXAMINATION

General Appearance and Development: Good Fair Poor

Height 5' 7" Weight 160#

Head: (Without glasses) Eyes: For distance: Right 20/20 Left 20/20

(With glasses if worn) Evidence of disease or injury: Right none Left none

Color Vision partial Horizontal field of vision: Right 90 ° Left 90 °

Ears: Hearing, 20 ft. Right ear 20 /20 Left ear 20 /20

Disease or injury none

Mouth neg Throat neg

Thorax: Heart normal rate & rhythm

If organic disease is present, is it fully compensated? normal

Blood pressure (sitting): Systolic 130 Diastolic 80

Pulse: Before exercise 88 Two minutes' rest after exercise 100 → 72

Lungs: clear

Abdomen: Scars none Abnormal masses none Tenderness neg

Hernia: Yes No If so, where? none Is truss worn?

Genito-Urinary: Scars none Urethral discharge none

Reflexes: Rhomberg normal reaction

Pupillary normal Light R ok L ok Accommodation R ok L ok

Knee Jerks: Right: Normal Increased Absent

Left: Normal Increased Absent

Extremities: Upper normal

Lower normal

Spine

Laboratory findings: Urine: Spec. Gr. 1.021 Alb. Neg Sugar Neg

Blood serology drawn 3-20-64

Chest X-ray negative

3-20-64
(Date)

R. Raymond Green MD
Examining Doctor

198 So. Main
Address

Heber Utah

DOCTOR'S CERTIFICATE

This is to certify that I have this day examined Earl Duke in accordance with 5191.2, and the physical examination procedure prescribed by the Motor Carrier Safety Regulations, Revision of 1952 of the Interstate Commerce Commission, and that I find him

Qualified only when wearing glasses ☐

Qualified under said rules ☒

I have kept on file in my office a completed examination form for this person.

3-20-64
(Date)

Heber Utah
(Place)

R. Raymond Green MD
(Signature of Examining Doctor)

Signature of driver Earl L. Duke

Address of Doctor 198 So. Main

Address of driver 325 E. 5th N. Heber, U
Utah

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To indicate that a child is an ancestor of the person submitting the sheet, place an "X" behind the number pertaining to that child.

HUSBAND

Earl Lawrence DUKE

Born _____ Place _____

Chr. _____ Place _____

Marr. _____ Place _____

Died _____ Place _____

Bur. _____ Place _____

HUSBAND'S FATHER

Alma H DUKE

HUSBAND'S MOTHER

Carol

HUSBAND'S OTHER WIVES

Husband

Earl Lawrence DUKE

Wife

Connie LEAVITT

Ward Examiners: 1. _____ 2. _____

Stake or Mission

NAME & ADDRESS OF PERSON SUBMITTING SHEET

RELATION OF ABOVE TO HUSBAND

RELATION OF ABOVE TO WIFE

FOUR GENERATION SHEETS FOR FILING ONLY

YES ☐ NO ☐

DATE SUBMITTED TO GENEALOGICAL SOCIETY

WIFE

Connie LEAVITT

Born _____ Place _____

Chr. _____ Place _____

Died _____ Place _____

Bur. _____ Place _____

WIFE'S FATHER

WIFE'S MOTHER

WIFE'S OTHER HUSBANDS

SEX M F	CHILDREN List each child (whether living or dead) in order of birth Given Names SURNAME	WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE	WHEN DIED			WIFE	BAPTIZED (Date)	ENDOWED (Date)	SEALED (Date and Temple) WIFE TO HUSBAND
		DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY	TO WHOM	DAY	MONTH	YEAR				
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															

SOURCES OF INFORMATION

OTHER MARRIAGES

NECESSARY EXPLANATIONS

Earl L Duke graduated from Univ. of Utah 7 June 1968

" " " interned @ Brooke General Hosp. - San Antonio Texas

" " " Residency in OB-Gyn at

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